Eve (P. F.)

PROFESSIONAL LETTERS

FROM EUROPE,

WRITTEN

DURING THE SUMMER OF 1852.

BY THE

ASSISTANT EDITOR

OF THE

NASHVILLE MEDICAL AND SURGICAL JOURNAL.

To the New Subscribers of the Nashville Medical and Surgical Journal.

alph. Boy

NASHVILLE, TENN.
JOHN T. S. FALL, BOOK AND JOB PR—COLLEGE STREET, BEN FRANKLIN OFFICE.
1854.

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1853.

To the New Subscribers of the Nashville Medical Journal.

Having been solicited to revise my letters, which were written during a visit to Europe last summer, for your acceptance; and a notification having been issued that I *would* comply with the request, the alternative of a refusal is not, therefore, one of my inalienable rights. It is proper, too, to state, that owing to miscarriage by mail, more than a month elapsed even after the notification, ere I was informed of what was required of me. This will account for any delay in the promise made you by the senior editor. It is scarcely necessary, moreover, to say, these letters have a very humble object, and are destitute of all pretensions to authorship or book-making. To give variety to the pages of the Nashville Med. and Surg. Journal, by presenting a few professional facts relative to surgical matters in the old world at the present day, was all they aspired to: and the favourable notices of them by several of our medical periodicals, together with the over estimation of their worth by a few friends, have no doubt called forth their re-publication for your perusal, when not more profitably engaged. Although the tempting opportunity is thus opened to expatiate on my professional reminiscenses, the interest of both reader and recent traveller may be best consulted in this second edition, by simply correcting typographical errors and adding a few explanatory notes. Time will not permit me to do more than this, at the late period of my summons to revise these letters.

August, 1853. PAUL F. EVE, M. D., *Asst. Ed.*

THESE LETTERS WERE ADDRESSED TO PROF. WM. K. BOWLING, M. D., EDITOR OF THE NASHVILLE MED. AND SURG. JOURNAL.

PARIS, May 25th, 1852.

I arrived here safe on the 21st, and soon met our friends, Prof. Lindsley and Drs. Duval, Breckenridge and some others, who like myself have been attracted to this head-quarters of medical science. I find our colleague labours in the *laboratory nine hours* a day. [Dr. John S. Duval was an assistant to Prof. Silliman, Jun., and for the past two years filled the same office, with much satisfaction to students and faculty, to Prof. Lindsley in the Nashville University. He is now a practitioner of rising reputation in our city. Dr. Robert J. Breckenridge has been elected to the Professorship of Therapeutics and Materia Medica in the Kentucky Medical College, since his return from Europe. He was also recently nominated to Congress, but had to decline on account of his only deficiency for that high and resposible office—the requisite age for membership. He has the appointment of physician to the Louisville marine hospital. Few possess higher order of talent or promise to arrive at greater professional distinction.]

I have, as yet, only visited La Charité and shaken hands with the great Velpeau. He has but little of much interest in his wards. I saw him divide the tendon of the tibialis anticus muscle, and operate for cataract. He has one curious case to which he specially directed my attention: this is a salivary fistula situated about ¾ of an inch behind the angle of the inferior maxileary bone, in a young man of 19 years. The patient says he had an abscess in the parotid region which was open seven years ago and this fistula is the result. The peculiarity is its position, so distant from the canal of Steno.

In his lecture of the morning he dwelt upon the therapeutic effects of Tinct. Iodine in mammary abscesses. Used of full strength, he has known excellent results in abcesses even with free suppuration, provided there is no internal organ affected. To Velpeau we are indebted for the valuable practice of injecting strong solutions to obliterate closed cavi-

ties, such as ganglions, cysts, abscesses, as well as fistulæ and sinuses. Tincture of iodine and lunar caustic are the agents generally employed, especially the iodic preparations.

We read this morning in the Press (one of the few newspapers which are now permitted to appear in Paris), that one of the most learned and celebrated professors of the Faculty of Paris, *M. Chomel*, has resigned—refusing to take the oath to the new government. The chair of *internal clinic* is thus left vacated in the school of Medicine. [The distinguished Trousseau has been transferred to this professorship.]

It is said the *Prince* President is about to abolish the system of *concours*, by which professorships have hitherto with so much satisfaction been filled.

The old Hospital, *Hotel Dieu*, we are informed, is about to be broken up or removed. I think you will agree with me this ought to be done, when we find in one of the guide books of Paris, the *assertion* made, (I can't say fact, for I hope, for humanity and our profession, it is not true,) that of the first 500 patients received into it during the cholera of 1832, only *one* survived, and only *five* of the first 1000. The location of this Hospital is certainly very bad.

26th.—Heard M. Nelaton lecture this morning at the Hospital of the school of Medicine. My expectations were fully realized. He is an excellent clinical lecturer. In the course of the morning, he used the black-board three times to illustrate his positions and remarks. He first exhibited the pathological specimen of an old man who had died with an artificial anus. While preparing for an operation, he was attacked with pneumonia and immediately suffered from bed-sores about the sacrum and hips. M. Nelaton remarked, that M. Malgaigne had first observed that while patients, paralytic for instance, may be upon their backs for months without excoriations, yet the moment an acute inflammation attacks them, bed-sores are the result. So in his case—the patient although aged, was doing well until the lungs became invaded. Another remark was, that in all the *post mortem* examinations he had made of patients who had labored under artificial anus, he had invariably

found the upper portion of the intestine involved in the affection *inside* and the lower portion *outside*, as regards the mesial line of the body. His explanation is, that the upper portion of the bowels becomes distended and falls naturally towards the pelvis, while the lower portion being empty is consequently pushed outwards or to the iliac fossa of one or the other side.

He next alluded to a case just received into the Hospital, seriously injured by a fall. In relation to the question of diagnosis of infiltration of blood under the scalp, and fracture of the cranium, he said one could be easily distinguished from the other, by these symptoms—1st, in a bloody tumor simulating a fracture, let the surgeon press steadily upon it, and the fluid being thus displaced, he will feel the firm, resisting bone. 2nd. Should an artery divided in the injury give rise to the pulsation, according to its situation, compress the temporal or occipital vessels, and it will cease in the bloody infiltration. 3d. The pulsation of the brain differs from that of an artery; in one case it is an artery, in the other it is a mass moved by several vessels. 4th, and lastly,—if the brain be injured and œdema of the eyelids ensue, the infiltration will take place slowly, and first exhibit itself under the conjunctiva. If the contusion be superficial the eye-lids will become puffed-up at once, but if deep-seated, then it will appear gradual and be first *subconjunctival.* This difference in the same condition of these organs is owing to the resistance of the membrane connecting the cartileges of the eyelids to the surrounding soft parts.

Saturday the 29th.—Went to the Hospital Neckar to see the celebrated Dr. Civiale. He is quite an indifferent lecturer, but an inimitable operator with the catheter or lithotrity instruments. He stated in his *lecon* to-day, that the statistics of 11,000 cases of lithotomy exhibited 1 death for every 9 infants, 2 deaths for every 9 adults, and 3 deaths for every 9 aged persons. He says, he prefers cutting to dilatation to cure stricture of the urethra. He operated on a case by crushing a fragment of a stone he had broken at a previous sitting, with the instrument now generally, if not universally,

employed, having a beak like a duck, with two branches, one sliding in the other. He is inclined to the opinion, but not definite, that chloroform prevents re-action.

Monday, 31st May.

At M. Nelaton's clinic. He presented two cases upon which he had operated. The first was an extensive necrosis of the femur upon its anterior surface near the knee-joint. An incision through the soft parts was made, and a variety of strong cutting forceps were employed to remove a considerable number of pieces of bone. The patient was a youth, and placed under chloroform during the operation. It was a tedious and somewhat embarrassing one.

The other case was the removal of the little finger with its metacarpal bone for caries at the wrist-joint. The operation consisted of an incision from the head of the fifth metacarpal bone to its distal extremity, or metacarpo-phalangeal articulation, around which a palmar and dorsal cut was made so as to pass the knife between the fourth and fifth bones of the hand, when the latter was disarticulated from the os unciforme. The cutting forceps were also used in the wrist-joint. Chloroform was again used, but did not act as favorably in this as in the previous case.

In alluding to the dangers of the operation, M. N. declared, that it could not be performed without opening the carpal articulation.

Dr. Costello, the editor of the Surgical Encyclopedia of London, was present at this clinic. He is frequently at this Hospital. I had the pleasure of making the acquaintance and seeing much of this gentleman both in Paris and London. For the present, he has retired from the practice of the profession, to devote his whole time and labour in preparing and getting out his great work. It bears the title of *Cyclopedia of Practical Surgery:* one volume of which was issued in London in 1841, and at a subsequent period a few Nos., extending to the letter H. I learn from Dr. Costello that the forthcoming volumes will embrace every thing in modern surgery. From the character of the collaborators now engaged in the

enterprise, and the activity of the author, who is sparing neither time, labour nor expense in completing it, one of the most valuable publications ever issued from the press, may be safely predicted in this system, or digest alphabetically distributed, of the doctrines and practice of surgery.

June 1st.—At La Charité. M. Velpeau entered to-day upon the interminable question of cancer, preparatory to removing a diseased mamma. The French still hold to the terms of soft and hard cancers. M. V., like all prudent surgeons, is averse to operate upon every scirrhus, and especially upon ulcerations of a decided carcinomatous character. But, like most others, he does operate in certain cases. The one of to-day he thought wanting in several particulars to make up genuine scirrhus. I was greatly surprised to see him present the pathological specimen of a tibia, which he termed encepheloid cancer, taken from a lady of Paris who had received a fall some three *weeks* before. What would Mr. Stanley, of London say to *this* carcinoma of a bone?

He removed the entire breast with a chain of glands, small and not extending very high into the axilla, in two and a half minutes. He is not an expert or very dexterous operator—using, as he is compelled to do, the middle and not the fore-finger of the right hand, because of an injury to it in his youth. Chloroform was used in the case and acted well. Velpeau, as is well known, had a very humble origin. It is told of the great Napoleon, that during the discussion of a question in one of the most brilliant courts of Europe, he used the expression, in the presence of emperors, kings, princes and nobles, "when I was a *lieutenant* in the army." So this great surgeon, when presiding over the deliberations of the Institute of France, or operating before the assembled wisdom of his profession, might exclaim, in holding up his index, "that finger was injured in *shoeing horses*," for he is the son of a *blacksmith*.

June 2d.—At Hotel Dieu. And what a change has come over it since I was a student there in 1830 and '31! I went round the wards with M. Jobert de Lamballe, one of the best surgeons and best lecturers in Paris. I saw several interest-

ing cases in his wards, and there is little doubt he is doing as much for French Surgery as any one else. In one case of retention of urine for stricture, the bladder was punctured above the pubis, the stricture cured, a large fistula anterior to the testicles covered by a flap slided from the scrotum, and the patient is now nearly well. A case of stone upon which he operated six days previously was doing well. The operation was the lateral and performed with a bistoury. He was treating a fractured leg with a folded sheet placed transversely over it so as to retain the limb upon the bed, (hard matrass and folded cloth over it,) while extension and counter-extension was maintained from the perineum of the fractured side and the ankle by handkerchiefs to the head and foot of the bedstead. A rhinoplastic operation was not so promising.

After the visit to the wards I went into the amphitheatre where I had so often heard Dupuytren lecture to some hundred students. I found the old veteran, M. Roux, in his place and counted 16 students and 9 interns around his table—this was his class, all told, and yet he had several operations to perform. M. Roux lectures, if any thing, worse than ever, being now very old; but still he operates with wonderful skill and dexterity. At his present age, say near 80, I saw him go through every stage of his favorite method for cataract. Having, many years ago, operated upon 600 cases by the different processes proposed to relieve cataract, he ascertained that *extraction* had been the most successful. Without the aid of glasses he performed this operation to-day as well as any one. In extirpating the eye, chloroform was administered by an inhaler while the patient was in a sitting position. The impression was not good, and the operation badly performed. More than eight minutes were consumed in its removal, and the patient suffered greatly.

June 4.—La Charité. M. Velpeau. His lecture to-day would have pleased you greatly. In relating the symptoms of a diseased os tincæ, he came out against the modern use (*abuse*) of the speculum. He declared this instrument was never useful in displacements of the womb, or in diagnosing

tumours projecting into the vagina. It was necessary, he admitted, in the topical application of medicaments to the os tincæ. Few instruments had been more abused, and it was high time honest physicians should do all they could to arrest the *furor* among women for this indecent, unnecessary, and injurious examination. I could but recollect your satisfactory argument on this subject last winter, when scolded at a consultation of old *grannies* for not oftener using the speculum—viz: that as the patient in question did not now bear children, she therefore had no womb, and the instrument was not required!

He removed the middle finger of the right hand at the metacarpo-phalangeal articulation for deformity. The patient had had the hand crushed some years ago, and this finger now projected upon its palmar surface. Velpeau remarked, there were two kinds of operation *par complaisance*—1st, simply to gratify the patient as to appearances; 2d, because the deformity prevents or interferes with his daily labour. The surgeon of course is more excusable in operating under the latter circumstances, than for the simple gratification of the patient without any useful object in view.

June 5th.—At Hospital Neckar. M. Civiale's service.—Witnessed lithotomy by the lateral operation; instrument, the single lithotome caché; patient, boy of 17 years; time 3½ minutes; stone, apparently mulberry, size of a pullet's egg. There was rather too much parade before the operation in preparation for it, but it was well done. Civiale did not operate, but asked his right hand man, M. Le Noir, to perform it. Chloroform acted well in the case.

June 7th.—Clinic of the school of Medicine. M. Nelaton. He gave to-day a most excellent lecture on internal intestinal obstructions. The case provoking the remarks was this; a man aged 52 was sent to the Hospital by a friend of M. N., who for five days had had no fæcal evacuation: great meteorism of the whole abdomen, stercoraceous vomiting, were now present, but no fever, pulse 85. Croton oil was given in large doses, and the whole abdomen covered with *ice*.

These means produced immense fæcal evacuations with immediate relief to the patient. This morning he is very weak, pulse at 120, no appetite, and it is apprehended he will die. The surgeon took occasion to enlarge on the subject of intestinal obstructions arising from internal causes. These he mentioned were three—1st, those arising from substances foreign to the bowels; they may come from without or originate within, instance, cherry stones, &c., and biliary calculi, &c.; 2d, intestinal ulcerations, particularly in tuberculous subjects; 3d, strictures, especially produced by the appendix vermiformis. Of this latter variety, two specimens were exhibited. He of course spoke of these affections independent of hernia.

He lastly alluded to the operation for the relief of these internal strictures. He said, surgeons were adverse to operate, because they could not tell where the mechanical obstruction existed, nor could it always be relieved by opening the abdomen. He says, Dupuytren, in 1818, proposed to establish under these circumstances an artificial anus by opening the intestines above the stricture. M. Laugier performed this operation in 1838, result unknown, but next year M. Maisonneuve succeeded perfectly. M. Nelaton has now operated several times, with and without success, and he thinks this ought to be considered an established surgical operation.

In the diagnosis of internal intestinal obstructions, the surgeon must be influenced by its *sudden* production.

The suggestion in these cases of cold (ice) to the whole abdomen, is certainly a valuable one, and should be remembered. By condensing the gas it must at least relieve the tympany.

June 8th.

Velpeau's Clinic—*Cancer*.—Lectured first on his favorite prescription for cancerous ulcerations. This is *Sulphuric Acid*, through the medium of Saffron. He admits that caustics applied to cancers are more painful than the knife, and that his special one is not exempt from this very serious ob-

jection—producing, as it does, considerable suffering even for hours. He makes this application to those ulcers which the knife cannot wholly remove. After the eschar falls off, it may be renewed to those points threatened with reproduction. The surface is made of course black by this caustic. Velpeau claims for it energy, penetration, and complete destruction in its action upon all the soft parts.

Inflamed Eyes.—He next called attention to a case of inflamed eyes. On the simple inspection, even at five steps distant, he declares he can tell if the patient has simple conjunctivitis or not. He then announced to the class the symptoms between sclerotitis and inflammation of the mucous membrane of the eye. In conjunctivitis the patient opens his eyes about three fourths of the ordinary extent, and the redness perceived will be increased in intensity from the cornea to the circumference of this organ; the patient can support the light; there is no great increase of lacrymation; and the palpebral edges are often glued together by an altered secretion at their borders. In sclerotitis, photophobia is prominent, and the redness of the inflammation is less as we leave the cornea, the lachrymation, too, is very great. It is chiefly upon the appearance of redness, however, that he relies in his diagnosis between these two affections.

June 9th.—M. Nelaton exhibited to-day the pathological changes induced in the case of intestinal obstruction, to which I alluded in my last letter. The termination of the ileum was bound down to the right iliac region by extensive adhesions, in which the appendix of the cœcum played an important part.

Ganglion.—He performed this morning three operations. The first was upon an incysted tumor connected with the flexor tendon of the hand. It was the full size of an egg, and presented itself both upon the palmer surface of the hand and the lower surface of the fore-arm. It was here punctured with a small trochar—its contents evacuated, and undiluted Tincture of Iodine injected. It was a pretty painful operation.

Fistula in Ano.—The next was for extensive fistulæ of the

anus—patient under chloroform. The incisions were quite free with both knife and scissors, reminding me of old Baron Boger's operation.

Cancers.—The third was for cancer of the inferior lip, with extension of it to the bone. It had been previously *cured* by Chloride of Zinc applied by a cancer-doctor, but the patient declared he suffered so much, he was unwilling to submit again to it, and preferred the knife. Placed partially under chloroform, the inferior maxilla was exposed and then divided with gouged-forceps.

12th.—Thursday is here a half Sunday or fête-day, and few professors lecture. Friday, M. Nelaton, from cause unknown to me, did not make his appearance at the Hospital. I therefore spent the morning with the great instrument makers, Messrs. Charriere and Luer. Of them and their work I may say something hereafter, if time and opportunity permit. At present I have other facts to communicate.

If I failed to see the Hospitals for two days past, I have made up for it to-day, I hope. First at Du Midi, where the renowned Ricord holds forth in the open air, after having exhibited all the various phases of that protean disease, venereal. And where, it may be asked, does gonorrhœa and syphilis so *luxuriate* and *mature* as in the good city of Paris? I went next to the Hospital Cochin, named after a rich priest who endowed it, to see and hear M. *Maisonneuve*, and where I was better pleased than any where else since in this city. Like Jobert and Nelaton, this Surgeon is exceeding promising, and is working hard every day. He took special pains to explain all his cases, and delivered after his visit a very interesting lecture. *Traumatic Gangrene.*—The patient upon whose affection he based his remarks, was a man injured by a fall with fracture of both bones of the fore-arm; followed by immediate mortification and amputation. He says he has added one fact to the history of trumatic gangrene. It is the existence of gaseous bubbles in the veins of the part mortified. Just a year ago, on making free incisions in a thigh affected with spreading mortification, he incontestibly proved to all around him the escape of air from the section of the internal

sephena. So also in the patient whose arm he amputated yesterday. It is only in cases of very rapid traumatic gangrene that this condition exists. The explanation given to-day by Moisonneuve was, that in ordinary mortification the effusion of coagulable lymph offers a barrier to the introduction or absorption of gas into the blood; or it enters so gradually, that like oxygen or water to a certain degree it does not produce decomposition. But when the system is in a state of collapse from the extent of the injury received or the parts prostrated by a poison, then there is no time for the deposition of plastic matter to arrest the rapid and destructive entrance of putrid gaseous fluids into the circulation. Immediate amputation is the only means to save the patient thus affected. (19th June.—His patient died.)

He operated for *fistula in ano*. The patient was put fully under chloroform, the silver probe passed through the fistula into the rectum and then out of the anus, when the section was made with the knife. Like the practice of most of the French Surgeons, the whole tract was subsequently dissected out. The operation was well performed. He also removed a large portion of a tonsil, using a double hooked forceps and probed pointed bistoury.

Hernia.—A case of strangulated umbilical hernia he had relieved by the operation, restoring a portion of the small intestine and finding it necessary to apply a ligature around a large mass of the omentum in a state of gangrene. The patient, an aged female, (all that I have seen with this variety of hernia strangulated were of this sex,) was doing very well.

Strictures of the Urethra.—He cures strictures of the urethra by bougies very gradually enlarged and left to sojourn in the canal a long time.

In *Hydrathrosis* he employs large doses of tartar emetic, ten grains *per diem*. Velpeau's remedy is an immense blister. How would these two heroic measures, one internal, the other external, do combined, in these affections of the joints that originate not from constitutional causes? If both be good, surely combined they must be better.

In cancerous affections, he prefers *nitric* acid applied through the medium of asbestos. I saw a female from whom the entire mamma had been removed by this agent.

Tincture of Iodine, even of full strength is the great remedy for injection into all cavities. Maisonneuve mentioned it was now being employed in dropsy of the ovarium. In a case of abscess of the liver, he had used three injections of this agent.

This Surgeon fully impressed me with the opinion of his great industry, talent, and honesty.

June 15.—M. Nelaton's Clinic. *Pott's disease with lumbar abscess.*—The pathological specimen of an immense lumbar abscess, which had been opened in the right groin, was presented to the class to-day. It extended up to the seventh dorsal vertebra. In ascertaining its cause, the first lumbar vertebra was found in a state of caries, and a sequestrum, the size of a hazle nut, existed in the center of an osseous excavation. The patient was a youth, had complained for about two years of pain in the lumbar region, was of scrofulous diathesis, and presented during life the usual characteristic symptoms of Pott's disease or spinal curvature. M. N. thinks, by opening the abscess he may have hastened the death of the patient.

He entered upon the supposed changes which sequestra of bones are thought by some to undergo. Because they are found much smaller than the cavities in which they exist, it has been taught that they must have been partially absorbed. But the explanation given is, that by ulceration the abscess of the bone increases in size, while the sequestrum remains unaltered. To prove that this is true, M. Nelaton, years ago, experimented on dogs. He trephined the bones of this animal, boiled the circular disc removed so as to destroy all vitality, replacing it and closing accurately the wound. He says, at the end of an indefinite period, it mattered not how long, he never could detect by weight or measurement, the slightest change in this artificial sequestrum. He believed, therefore, in these cases, the prognosis is always unfavorable, since nature unassisted can do nothing curative.

Strabismus.—He next operated upon a girl for strabismus, remarking it was an operation now seldom performed. He undertook it in the present instance on account of the very great extent of the deformity. The left eye was so converging as to bury nearly all the cornea in the internal angle. She could turn this eye outward; used the right eye almost exclusively, but by an effort could direct the left to an object, when she saw double; and was myopic or short sighted in it. The section was very thoroughly made of the tendon of the internal rectus muscle, its sheath and fascia connecting it to surrounding parts, as well as the conjunctiva. This mode of operating was insisted upon as absolutely necessary to success.

15.—*Lithotrity—removal of benign Tumour.*—Velpeau's Clinic.—He operated upon a patient in middle life who had a very hard stone. It had been previouly seized between the two blades of the lithotrite, but was not crushed. In the ward to-day, an instrument of the largest size was introduced, the calculus, and then its fragments, readily taken up and broken by using the pinion to close the two blades—this was repeated five times before removing the instrument. The operation was very well performed.

A Dr. Mercier has just made a modification to the beak of the *brise-pierre* or crusher—acknowledged of some importance even by Civiale. I have of course availed myself of the opportunity to obtain it, as well as all improvements in the *chirurgicum armamentarium.*

Tumor—animal magnetism.—The other operation of Velpeau this morning was for benign tumor in the mamma of a girl of sixteen. With an air of incredulity, he announced she could be mesmerized, and straightway one of the students commenced the passing motions before her. This was continued for some ten or fifteen minutes, when the knife revealed the patient *fully sensible* to all around her. The *success* of this supposed agent in this case was just the same as I had ever found it to be—what homeopathy is; *nothing at all.*

But a few nights ago I thought mesmerism had reached its proper place—in passing a miserable street in this city, I saw

an *animal* magnetiser exercising his profession upon a poor lad, who was revealing colours by a *single light to a very small promiscuous crowd of street idlers.*

June 16.—*College Clinic.*—M. Nelaton.—You may judge of my value of this school of surgical instruction by the frequency of my visits to it, and preference of it over all others. We are sure to have something good from this surgeon every day he lectures, which is three times a week.

Treatment of Bursæ about the joints —Up to a few years ago, the greatest circumspection was exercised in the management of all diseases near the joints. Dupuytren taught and practiced free incisions into ganglionic tumors or synovial cysts in the sheaths of tendons to avoid, as he said, inflammations and collections of pus. Now, thanks to the observations of the great Velpeau, on the injection of Iodine into the closed cavities of the body, the treatment of these affections is very simple. You saw me, says M. Nelaton, empty a large tumor of this nature five days ago, inject the tincture, and the patient is already nearly well. There was some swelling after the operation, particularly after the during twenty-four hours; this however has subsided without any special application to it.

Ranula.—So troublesome and so apt to return, is also cured by the tincture of iodine. This method of the operation he performed this morning. The tumor was punctured with a small sized trochar, and its contents carefully washed out. This step is considered necessary to success, because the fluid is often so viscid as not to escape even after an incision into the cyst. Water is then ejected through the canula, and the Tinct. of Iodine nearly pure so as to come in contact with the internal surface of the ranula. It is a painful operation, yet I doubt not will prove successful.

I have also received through my friend, Dr. Costello, men tioned in a previous letter, who is here preparing for the last volumes of his cyclopedia of Surgery, M. Jobert's last proposition for ranula. On account of its ingenuity I send it to our readers. The tumour is sliced off one half, the remainder of the sac is then divided by a crucial incision, dissected up

and tacked by sutures made very fine, to the mucous surface of the surrounding parts. If comprehended, you perceive the cyst is thus completely destroyed, and the mucous membrane of the sac becomes continuous with the buccal or the natural lining of the mouth.

The opinion generally entertained that ranula depends upon an obstruction in the duct of Wharton is erroneous. We know not the true cause producing it. In the case before us, upon raising the tongue and putting salt into the mouth, the saliva is seen to jet through this canal. M. Nelaton says this may be seen in nearly every instance.

Fistula lachrymalis.—He operated on a case, as follows; the knife was past through the fistula down into the nose, and replaced by a long watch-spring to carry the seton. This came out in the fauces and was then brought out of the mouth by forceps. In withdrawing it, the seton thread was deposited in the lachrymal canal. The next step was to bring the lower end of the seton out of the anterior naris instead of the mouth. This was now effected by carrying the watch-spring, or Belloc's instrument through the nostril and into the pharynx, when, by attaching the end of the seton and again withdrawing the spring, the desired change is made. Why not bring the watch-spring directly and at once from the nose, without interfering with the mouth?

New sign of inversion of the Womb.—In the lecture of the morning, he took for his remarks, a case of diseased uterus just brought to the hospital, in which he alluded to the various displacements of this organ. I feel it but right, since I have been so exclusively selfish as, heretofore, to confine my communications to Surgery, to touch occasionally on other departments of practical medicine. M. Nelaton is to furnish the article on the *Womb* for Dr. Costello's British cyclopedia of Surgery. What he says, therefore, on this subject, may even claim the passing notice of our learned friend and colleague, Prof. Watson. To ascertain if the uterus be really inverted, let a finger be carried up the rectum as far as possible while the other hand or fingers are deeply pressed above the pubis, so as to reach the tip of the one introduced through

the anus. Or, if the woman be very fat and the abdomen not relaxed, pass a sound or metalic catheter into her bladder and feel for it by the rectum. Should the womb be inverted, these manipulations will reveal the fact by its absence not preventing contact of the opposing points under these circumstances.

June 17.—*St. Louis Hospital.*—M. Malgaigne.—Witnessed three operations upon bones—the first was upon the antrum, the second on the malar, and third for necrosis of the tibia. There was little special presented in these cases, or operations. Chloroform was freely used. M. M. says he has nothing to do with the circulation during its administration; never feels the pulse but watches the respiration. He never has met with accident from its use. From this advise of the professor I dissent. Let the circulation as well as the respiration be carefully watched whenever anesthesia is attempted, it matters little by what agent; but specially if *chloroform* be used.

He took us through all his wards and exhibited several interesting cases. One of club-foot with caries of the inferior extremities of the tibia and fibula. In attempting to straighten the foot he broke both bones of the leg, and has thus unpectedly greatly improved the position of the deformed foot. In a rhinoplastic operation to make the nose project from the face, he passed long pins through its base and then pinched it up, keeping it so, by corks fastened upon the ends of the pins, during the cicatrization. So also to prevent the tip of the nose becoming too flat, or this organ too aquiline, the opposite, to this he pinched it up by passing a pin through it perpendicular from the direction of the upper lip and thus secured it during the treatment. Another fact worthy of record is that by gradual and persevering extension contracted limbs may be straightened. A cese was pointed out in which the leg was flexed nearly at right angle to the thigh, still in three or four days by continuous extension the deformity had nearly disappeared. Much may be done by *perseverance* and gentleness in these cases.

June 18th.—*Hotel-Dieu.*—M. Jobert.—*Recto-vesical fistula.*

—One case was exhibited in which the bladder had protruded into the vagina, forming hernia, now nearly cured by his mode of operating. This is by dividing the mucous membrane at the os tincæ and sliding it down so as to cover the fistulous opening. This certainly was a very extensive fistula and seemed in a fair way of recovering. A case just brought in by a country physician, presented a long fissure just behind the urethra, embracing a portion of it and the neck of the bladder. This I hope to see operated upon. To one case he applied the actual cautery for fungus of the os tincæ. He says, the body and neck of the womb are supplied with nerves but the os is insensible. It may be cauterized and no pain will be evinced unless other soft parts be encroached upon.

Entropion from burn.—In this case the cicatrix was dissected off, and the palpebral edges attempted to be supplied from the skin of the nose. This flap has well adhered, and now he intends to divide it so as to make a portion for the upper and lower eye-lids.

He operated for necrosis of the fibula, and to my surprise without inducing anæsthesia. The stone case alluded to in a previous letter is not doing so well. He has some abdominal tenderness.

Jobert is Surgeon to the *Prince* (would-be-emperor) President of this miscalled Republic.

19th.—*Hospital Cochin.*—M. Maisonnueve was in the wards for two hours this morning examining cases, and in one he asked me to aid him in the operation.

Cancer of the mamma.—He removed a series of enlarged glands from the axilla of a woman, whose mamma had previously been removed by the caustic action of nitric acid. In another case of the same disease in a very fat patient, to the reproduction near the cicatrix of a scirrhus tumour operated on seven months ago, he applied nitric acid made into a paste with asbestos. He said the pain would continue about two hours, but it would require days for the eschar to be eliminated from the surface.

Varicosed veins.—A number of pins were applied under the

enlarged vessels with a ligature twisted over their extremities, and in one place between two pins, the Vienna paste was deposited. Both thigh and leg were affected. This caustic paste is composed of quick lime and potash moistened with alcohol. This is now a favorite mode of treating enlarged veins.

In a case of Fistula lachrymalis he deposited a canula.

The case of umbilical hernia has resulted in the formation of an artificial anus. The strangulated omentum has nearly all sloughed off, and the woman appears doing very well for one in her condition.

It was too late for him to lecture.

Monday, 21st June.—College or Faculty clinic.—M. Nelaton operated for *Cataract* by extraction; section of cornea made upwards; well done.

Clinical lecture on two cases,—first, an *Abscess of the throat.* This is quite curious. The patient, a man, had his cravat twisted by a hand thrust into it. M. Nelaton has seen several injuries of this kind. The four fingers thus placed, the knuckles come in contact with the Thyroid cartilage and may fracture it. This he thinks is the result in the case before us to-day. The symptoms are usually very slow in developing. The abscess has been opened several times, crepitation can be detected, &c., and a rough surface perceived by the probe. Treatment, tincture of iodine injected pure twice a day for a week or ten days.

2d case,—*Fracture of Cranium,—concussion.*—Patient fell yesterday upon the head from height of two stories. There is a compound fracture over the left eye, bleeding from the nose and right ear, disturbed intellect, infiltration of blood into left eye-lid yesterday, to-day *subconjunctival injection*, &c. Diagnosis, fracture of the base of the cranium. Prognosis, in five to eight days, phrenitis. Treatment, three bleedings yesterday, leeches to base of cranium, ice constantly to forehead and calomel internally.

If counter-fractures be doubted in falls upon the head, no one can dispute with reason the counter concussion or commotion the brain receives in these accidents. First, we find a

congestion at the point stricken and, secondly, another directly opposite to it.

M. Nelaton then presented to the class the *animal Ligature*, made of deer sinew, I brought with me, and which I have now used for nearly twenty years. He and Dr. Costello expressed a favorable opinion of it and promised to try it the first favorable opportunity.

London, July 20th, 1852.

It has been sometime since I have written to you, but not longer than your first letter in reaching me, which to my surprise has not yet been received. I have seen but little of *Surgery* for the four past weeks, having visited Switzerland, Germany and Belgium before arriving in this city, on the 15th.

We went to the foot of Mont Blanc, in Savoy, and met by the way-side and throughout Switzerland, numerous cases of goitre. It respects neither sex or age in that country. Cretinism is not its general result. Females are more obnoxious to it than the male. The size of the Tracheal tumour in some cases was enormous—larger than the patient's head. I have frequently counted more than three distinct projecting lobes. The cause of this disgusting production is, I am happy to say, undergoing thorough investigation and will, I hope, be soon elucidated. Philanthropic individuals are now engaged in establishing hospitals for those having goitre, in regions where it never appears. Children are thus removed from its supposed productive influence, while others laboring under the affection are subjected to hygienic and remedial means. It is now a well established fact, that there are certain localities in these mountains where this abnormal production is almost unknown, while in others, (the larger proportion,) it is very common. The subjects of goitre are exceedingly *poor* people--badly fed, clothed and housed. Permanent depressing agents to the animal economy, or *scroflula* as some have it, may have much to do in its causation.

Cause of Goitre.

This subject has claimed the attention of the Sardinian, the Swiss and French, governments, and reports have re-

cently been made by commissioners, leading to some interesting sanitary conclusions regarding the prevention of goitre. The most important of these is the one laid before the authorities of France. In this *republic!* (empire to-day, and no one can tell what it may be to-morrow,) there are 450,000 goitred subjects and about 35,000 cretins. The first conclusion arrived at by the commission is, that this affection "depends on the presence of magnesia in the food or drink, joined with the absence of a sufficient quantity of iodine to serve as an antidote." They declare these two conditions essential to the development of the disease.

In every locality where broncocele prevailed, *magnesia* also abounded; and there are certain districts, where young men, to escape the conscription, produced this deformity by drinking large quantities of magnezian water. By substituting rain water for that of the locality it completely disappeared. Another important fact is, that the introduction of a certain portion of iodine into the system, either in food or drink, acts as a preventative to goitre. By adding hydriodate of potash to the daily nourishment of the inhabitants, the affection has been banished at the end of a few months. The annual expense of about 1500 dollars for iodine, it is calculated, if properly distributed, will absolutely prevent the future development of goitre in France.

In confirmation of the views of these reports, the fact may be mentioned, that at Geneva, strangers are invited to visit the commingling of the waters of the Rhone and Arn just below that city. The colour of one is blue, the other *whitish*. The river Arn has its source at the *mere de glace*, near Mont Blanc, and runs through the most thorough *megnesian* formation I have ever seen; and in its valley goitre prevails to an almost incredible extent. Another recent fact may be given: the inhabitants of a certain village hitherto exempt from goitre, became affected with this deformity. A factory having been erected near it, the mountain stream which had supplied them with water, was diverted from its natural course to become its motive power. Wells were now resorted to; goitre at once commenced. The running water was

again brought into the village, and it disappeared. An analysis of this local water proved it contained magnesia.

The results above mentioned by the commissioners appointed by these governments are highly interesting, and if confirmed by future observation, will redound to the credit of our noble profession and exemplify her triumphs over death, disease and deformity.

The weather in Europe, for the past three weeks, has been excessively warm. For ten weeks in early Spring there was no rain, and the wind was East. In May and June it rained nearly every day, with frequent thunder and lightning. For sixteen days the sun then reigned supreme, and Farenheit's thermometer went up to 90 deg., and reached some days 95 deg. In the sun, it marked 121 deg. The consequence of this intense and unusual heat has been numerous cases of sun-stroke, as it is called, and aberrations of intellect. Many sudden deaths are recorded, occurring in the large cities, and frequent insanity has also been noticed. Hydrophobia in the dog has also been attributed to the great heat in Paris, but here, (London,) I see or hear nothing of the kind. War, however, and I hope to extermination, has been declared against a miserable and most useless species of the canine race, the lap-dog. The ladies have come to their rescue, it is said, with so much feeling, as by no means to flatter the rougher sex.

A few days before leaving Paris we had quite a *nice* little professional anecdote to occur in one of its hospitals. France is essentially democratic however she may tolerate a despotic ruler. All classes of society, and all *colors*, too, mingle freely there. Among the students of Velpeau is one perfectly black—who observing a South Carolinian recently arrived, took peculiar and persevering pleasure in exhibiting the interests of the great Charitè hospital, much to the annoyance of our young countryman. During an operation, the negro asked him where he was from. Charleston, South Carolina, was the reply; when the black promptly observed, Oh! ah! then we are *fellow-students* and *fellow-patriots;* for I am from Boston, Massachusetts.

In London we find at this season of the year but little professional. The winter and spring courses in the hospitals and schools have all closed, and many of the surgeons are seeking the country for relaxation. Unlike us, Europeans are wiser, and annually lay aside the toil and care of business for a month or six weeks' recreation, to return with renewed vigour to their labour.

I had the pleasure to dine yesterday with a select party at Mr. Wm. Coulson's; Surgeon to St. Mary's Hospital. I am gratified by this visit to London, and freely acknowledge that I have never done it or Englishmen full justice. The excellent state of feeling between the two countries, and the family recognition of Brother Jonathan by John Bull at the exhibition of the World's Fair, is doing much to harmonize these two most powerful branches of the Anglo-Saxon race. I spent, to-day, about three hours in the St. Mary's Hospital, and witnessed four operations. One was division of the flexor carpi ulnaris and the flexor palmaris for contracted hand, another for fistula in ano, and two for tumors in the neck—all the patients were placed deeply under chloroform.

Aneurism.—The most interesting case in this Institution is a man aged 36, who habitually carried heavy burdens upon his head, and has been laboring for some time with aneurism of the left carotid. Two weeks ago to-day, Mr. Lane tied the artery on the distal side of the tumor, there not being space to place it below or between it and the heart. This is what is known as Brasdor's operation, although it was only suggested, not performed by him, some 40 or 50 years ago. The ligature in this case came away on the 12th day, and I found the patient to-day up and about the ward. The tumor still pulsates just above the left clavicular sternal articulation, but the surgeons say much less distinctly than before the operation. This may add a third successful instance of triumph to Brasdor's operation—the first one was by Mr. Wardrop, (not including his doubtful case,) and the second by the late Dr. Bushe of New York, formerly of Ireland.

Mr. Coulson delivered an excellent lecture on the indications for, and the counter-indications to, Lithotrity. It was

read to a class of 15 students. This is one of a series in the course of publication in the London Lancet.

Cayenne Pepper.—A year or two ago, we Americans proved to conviction that English compounders of drugs were among the greatest knaves in the world. The subject of analysis is being followed up here and applied to the *trade.* In a recent No. of the London Lancet we learn that out of 28 specimens of red pepper, (Cayenne,) 4 only were found genuine when subjected to chemical examination. Of 24 adulterations, 22 were made with *poisonous* coloring matter, principally with some preparation of lead. What would be the result of a similar analysis applied to this branch of business at home?

London Water.—The Thames river contains 16 grains of Carbonate of lime to every gallon, not to include the *awfully disgusting production* of 2,000,000 of human beings on its banks. This population derives 26 tons of Carbonate of lime annually from the river in the shape of drink. The 18 varieties of animacules said to exist in the Mississippi water may be *nutritious*, but save me from the greasy filth of the Thames. I shall ever, after seeing this compound fluid, be reconciled to the mud-holes of the West. Various efforts are being made to supply London with pure water. The best I believe is derived from New river. But all European water contains more or less lime, so far as my observation extends. The only good water I have drank was from the only spring found in the forest of Fontainbleau, and that in the old castle of Heidelberg—the latter was excellent.

Death of Mr. Vincent.—We learn from the Daily Times that this Surgeon suddenly expired on the 17th inst., in the 75th year of his age. Mr. John P. Vincent was for many years Surgeon to St. Bartholemew's hospital, and was twice elected president of the Royal College of Surgeons. In 1847, he published his observations on surgical practice, which were received with great favor by the profession, and extensively noticed in the medical journals of the day. His death is lamented by a large circle of friends.

Dr. Thompson, professor of Chemistry in the University of Glascow, is also dead.

July 24th, 1852.

At King's College Hospital—the field of observation of Drs. Todd and Bowman, Mr. Fergusson, Mr. Patridge, and others.

Witnessed five operations. 1st, Lymphatic tumor of the neck removed by Mr. Fergusson; nothing special. 2d, Division of the mental branch of the third portion of the 5th pair of cranial nerves for tic Douleureux. The patient was about 30 years old and had suffered greatly with this affection. The tenotomy knife was introduced through the skin over the inferior maxillary bone, just anterior to the facial artery, and freely used in the direction of the anterior mental foramen. Mr. F. remarked, that he had several times secured entire relief to patients by this simple operation. He had seen this week one he had thus relieved 18 months ago. Sometimes the paroxysms of pain recur for a few days after the division of the nerve.

Two other cases operated upon by him were for necrosis of the os calcis and astragalus—both were youths, one about 10 and the other 20. The probe pointed knife, gouge, and forceps were freely used in both cases, which were quite similar. Instead of amputation or removal of the diseased bones, Mr. F. says he prefers to attempt to remove only the diseased portions, and thus give the patient the chance of reproduction of bony matter. In this he is certainly right.

I was much pleased with Mr. Fergusson, now dignified with the rank of surgeon to Prince Albert, and who is evidently succeeding Liston in the surgical business of London. He has a tall, graceful and commanding exterior, is a first rate operator, but not a superior lecturer. The remark is common among Americans, how few fluent speakers they meet in Great Britain; how few systematize what they have to say extempore. The expression, "a foot so *full of disease*," is certainly not very scientific or classic, though coming from a professor *ex cathedra*.

Mr. Patridge performed the fifth operation—for carcinoma of the female mamma. He said to me, yes, we, too, are adverse to operate for cancer of the breast, but still we do it in some cases.

In attendence on these operations were a Russian Surgeon connected with the Emperor, and the Inspector General of the Spanish army. The class amounted to about 50, and stood up all the time. Chloroform was administered freely to all these patients.

I saw in the wards a boy aged 12, who had fractured his patella transversely by muscular contraction.

Also a woman from whom Mr. Fergusson had removed a portion of the os ischium for necrosis. The case was taken for one of fistula in ano, but during the operation, the diagnosis was corrected and the diseased bone removed. The patient I saw up to-day in the ward—the operation was performed five weeks ago.

A new method of operating for Hernia.—Mr. Gay, of the Royal Free Hospital, whose acquaintance I have made, proposes to make incision, in cases of strangulated hernia, at some distance from the tumor to relieve the stricture. He and Mr. Fergusson have both recently operated in this way.

Delirium Tremens conjointly with Phthisis.—Few drunkards present tubercles. In 1839, I think it was, of all who died in the New-York Hospital, submitted to careful post mortem examinations, no tuberculous matter was found in any one who habitually used alcholic drinks. In King's College Hospital we have quite an exception to this report. The case was a young girl, of great personal attraction, who had unfortunately acquired the habit of drinking to excess. She came into this charitable institution for cough and pain in the chest —delirium tremens was superadded to the pulmonary affection; this proved to be regular phthisis, and the patient sank under the two diseases. The diagnosis was verified by an autopsic examination.

Here is a curious case which I send you from the Lancet, to believe as much of its truthfulness as you please.— The head and fœtus passed the os externum, yet the vagina or uterus seized the placenta and permitted the woman to perambulate the streets of London looking out for a hospital, with a child all the time suspended by the cord dangling beween her legs. A wonderful case, indeed, if only *true!*

Peripatetic Parturition.—The following case will show under what trying circumstances parturition may sometimes be effected, with a total absence of untoward results to the mother.

"Sarah P.——, aged twenty-one, servant of all work, was admitted May 22, 1852, at eleven A. M., having a six-months' child hanging between her legs, and the placenta in the vagina. She stated that pains had come on at five o'clock in the morning, whilst she was in bed at her place of abode. She got up at half-past seven, and between eight and nine a child was born. At about ten o'clock she went out to a surgeon, who told her to go to the hospital. Mr. Bullock, house-surgeon to St. Mary's, examined her, and found a tense cord issuing from the vagina, and following this downward, he found a child, bearing the marks of five or six months' uterine life, close to the woman's ankles. She must, in fact, have been walking with the fœtus hanging as described for half an hour at least. Mr. Bullock cut the cord, removed the child, which was quite dead; and, after withdrawing the placenta from the vagina, had the woman conveyed to bed, where she has since done well."

Syphilization—A Prophylactic to Syphilis.

A curious subject was under discussion while I was in Paris, and I was introduced to one of the chief actors in originating and carrying it on—this is a M. Auzias Turenne, who is gravely trying to prevent syphilis by *saturating the system with the syphilitic virus.* This you perceive is a step beyond the homeopathic doctrine of like curing like, and comes full up to the level and aim of modern medicine—the *prevention* of disease. A member of the royal college of surgeons of England has just made a report of this matter to the London Lancet, after a visit to Paris. With the aid of this communication, I present to our readers the following condensed statement of experiments recently made on the subject of syphilis.

A prophylactic against this dreadful disease has earnestly been sought for ever since its destructive origin. A man by

name of Luna Calderon published in Paris, in 1815, that he possessed a certain preventive to the venereal. He allowed syphilitic pus to be inoculated upon his prepuce, glans penis, &c., when he would leave the hospital, and without ever after exhibiting any signs of cauterization or cicatrix, remained free from the contagion. He never divulged this secret preparation. It was probably some saponaceous or caustic compound, for we know that an alkali destroys the specific character of this virus; and moreover, M. Langlebert has just called upon the Academy of medicine in Paris to decide upon his preventive agent, consisting of alcohol and soft soap, prepared with potash; the same quantity each, $10\frac{1}{2}$ drams; to which, when dissolved and strained, 5 drams of oil of lemons are added. This is to be used after exposure.

M. Auzias' theory is this; that by repeated inoculation with the syphilitic virus in sufficient quantity, a man may be so saturated as to expose himself to infection without being contaminated. Here it does really seem the remedy must be quite as bad as the disease, for it is actually one and the same thing. True, it may be said, the system is to be prepared for it as in inoculation for small-pox, previous to the introduction of vaccination. But the cases are not similar. Variola may be unintentionally contracted, and all persons not vaccinated may be liable to it at any time; whereas it is only those who are specially exposed that can take the venereal disease.—There may be a prophylactic to it after contact, but as there is no necessity for this condition, the certain prevention most assuredly is to avoid the exposure entirely. To one affection, all are liable, whether willing or not, and would undoubtedly have it but for the discovery of the immortal Jenner; to the other, no one need be, and only those are, who knowingly violate hygienic and moral laws.

The new theory of *curative syphilization* is based upon the facts that M. Auzias, in experimenting upon monkies, discovered that the greater the number of inoculations the more superficial were the sores; and that the prostitutes at the hospitals of Paris, "who had frequently suffered from syphilis, become at last *refractory* to infection, and are even sought

after on that account." What say you to this venereal refinement? Have you any courtezans thus select and honorably *scarred* in their profession, who are the favored *ones* of Nashville?

This experimenter succeeded in only a few instances, by depositing the syphilitic virus behind the ears of the monkey, a point the animal could not reach with his tongue, in producing ulcers; but which were never followed by secondary symptoms. M. Ricord considered it, therefore, as a simple transplantation, though it must be acknowledged that the matter taken from the sore of a monkey did give rise both to primary and secondary manifestations in a German physician, who permitted himself to be inoculated with it.

It is astonishing to what extent this subject has agitated Paris, both in and out of the profession. Hundreds of experiments were performed, not only in France but in Italy, in private and hospital practice. Prof. Malgaigne was numbered among the champions for the new method of curing syphilis, and it was proposed to eradicate the disease simply by saturating with syphilitic virus all persons labouring under it; all prostitutes, (as if they were not already sufficiently charged,) all soldiers and sailors, and all persons who may be exposed to the contagion. But, after all said and done on the prevention of this loathsome disease, it is still as rife as ever, and is destined, in all probability, to be so, for the new speculation of prophylaxis by curative syphilization may be considered as already repudiated by the profession. The least that can be said of this subject is that it is essentially *French all over*.

Instrument and Instrument-Makers.

The most celebrated makers of surgical instruments are undoubtedly Charrière of Paris and Weiss of London. The former has a world-wild reputation—extending to nearly every civilized nation of the earth. Charrière has indeed become quite a distinguished man. Baron Charles Dupin, in 1851, declared, that by a jury of thirty-six members of the national Institute of France, as well as by the Academy of med-

icine and surgery, he (Charrière) was proclaimed the first artizan of Europe. He has obtained no less than seven prizes, six of medals, and one of 1800 francs, for improvements in instruments: he is now *officer* of the legion of honour—being the first of the trade who has ever arrived at this distinguished rank. He has been engaged in the business for thirty years; has brought up and educated two sons who are now associated with him. One completed his apprenticeship in Germany, the other in Great Britain. Almost every morning, father or sons may be seen going the rounds of the hospitals of Paris, enquiring into the wants of the surgeons, or witnessing the action of some new instrument, while the wife and mother presides at the counter of the immense workshop employing over one hundred men, and where the motive power is a steam engine.

One of his last modifications to instruments is in the junction of the blades of Scissors, Forceps, &c. These are united somewhat after the manner of Baudeloque's obstetric forceps—may be instantly separated to be cleansed or sharpened, and may be employed to cut with either hand. He has also made an important change in the union of the male and female branches of the Catheter for pocket cases. Instead of the common screw, which might become loose, and thus permit the beak of the instrument to deviate from its course when introduced into the bladder, a canula is passed through the shaft and screwed into the male or female branch which has beveled edges.

Charrière's catalogue, with directions, fills 110 pages, and opposite each article the price is stated. Dissecting-cases are marked from three to twenty-two dollars, pocket-cases from four to fifty, each. A good lancet may be procured for 25 cents, a bistoury, or scalpel, for 30 to 40.

Charrière has recently established a branch of his house in New-York, at No. 290 Broadway, *H. Bailliere.*

M. Luer, on the Square of the school of medicine in Paris, is also an excellent instrument maker—being only eclipsed by the two above mentioned.

Mr. Weiss and son have a splendid establishment on the Strand street, London, where may be found an extensive variety of cutlery.

Besides the instruments already described, I obtained some others of novel construction. Among these are Trousseau's Forceps for keeping the windpipe patent when once laid open. This has a rack passing from one handle to the other, and not only maintains, but regulates the extent of the dilatation. Also, the same inventor's, (Trousseau's) double Canula for the trachea--the advantage being, that the inner one may be removed and cleansed of mucous or fibrinous secretions in cases of croup, without the wound in the soft parts being the least disturbed. Civiale's prostatic Scarificator, a graduated metallic yet flexible instrument, whose knife is made to project by a spring. M. Mercier's improvement upon the Lithotrite or Crusher of stones in the bladder; this consists in the vent of the female branch of the duck-beak-like instrument, being limited to its angle or curvature, with the parts near the extremity made wider and hollowed out to receive fragments of a broken calculus. M. Luer has invented an excellent pair of Forceps for the tongue, os tincæ, &c.; having the grasp or hold so constructed as not to wound the parts seized. Also, a new bone Nipper--an ingenious Tenaculum to pass ligatures under deep seated arteries--and a new artery Forceps. This latter instrument I consider of much importance. The blades may be secured like the modern forceps for seizing bleeding vessels; that is, by a thumb slide on one passing into an upright of the other: the improvement is in the olive-like shape of these blades when closed. Pass a ligature around this Forceps, and in tying the knot it is conducted invariably and directly upon the artery. Owing to their peculiar rounded surface, as the thread is drawn tight it slips off the instrument, and if the bleeding vessel has been grasped by the blades it must consequently be applied around the artery. This forceps, it must be admitted, will greatly facilitate ligation. In amputation, or in incised wounds, the most mportant part in the dressing is to arrest the hemorrhage, and often considerable time is consumed in taking-up and se-

curing the blood-vessels. With a pair of these Forceps, the artery has only to be seized, the ligature will be conducted, owing to the shape of the instrument directly upon it, when the noose may consequently be at once tightened.

London, July 31st, 1852.

Within the few days since my last letter was written, I have seen the Hunterian Museum, Guy's Hospital, St. Thomas' and St. Bartholomew. Without arrogance, I might add, I have seen Prof. *Owen*, the great Naturalist; the veteran Surgeon Mr. *Lawrence*, and Dr. *Babington*, and stood by the grave of Sir *Astley Cooper*.

Hunterian Museum—Mr. Owen.—Of the three great men of the age, and I name them in their proper order, *Humbolt*, *Arago*, and *Owen*, I have had the high honor of making the acquaintance of the latter. I found him in his study in the Hunterean Museum, hard at work, but which he immediately left and accompanied me into the immense collection of comparative anatomy, physiological and pathological specimens, of which he is now the curator. The gymnoticus, or electric eel, is here beautifully delineated by Mr. Owen—we see first the natural fish, then its voltaic-like battery greatly magnified, and the wires (nerves) for conveying the electricity. He mentioned to us a peculiarity in the common gar fish, which is, that of all its species it alone could shake its head. At the junction of the head and neck or in the vertebræ, there is an orbicular articulation, or socket-joint, by which this movement could be made: so that, Mr. O. humorously remarked, this the gar usually did, (shake his head,) when taken out of the water, to signify he did not like it.

The celebrated case of *injured chest*, which I had seen before, was pointed out to us, as also another of more recent occurrence. The first is that of a man having the body transfixed by a gig-shaft, the patient living *eleven* years after the accident. A gentlemen unaccustomed to horses, drove one up to the door of a stable, and wishing to unharness him, took off first the bridle. The animal seeing the vehicle behind

him, became alarmed and plunging into the open door transfixed his master with the shaft. Seeing his imminent danger, two persons came to his relief, and drew him off the end of the shaft. He applied both hands to his chest and said, "I don't think the vitals are touched," but immediately fainted. The exact nature and extent of the injury were not ascertained until after the death of the patient, which took place eleven years after the accident. The foreign body had passed from the left through the right, taking the intercostal spaces of the 2d and 3d ribs of both sides. It fractured the 2d and 3d ribs of the left and the 2d of the right side, and also the sternum transversely. The tug of the shaft passed not only into the thorax but penetrated the left lung, a portion of which is still seen adherent to the intercostal surface. Both lungs were injured. The preservation of the life of the patient, as Mr. O. stated, was undoubtedly owing to the bluntness of the instrument causing a larcerated and not an incised wound, making it valvular and thus preventing fatal hemorrhage. The anterior portion of the thorax of this patient as a wet preparation, and the shaft of the gig are both preserved in this Museum, and are exhibited as a most extraordinary instance of recovery from extensive injury to the thoracic cavity.

The second case of wound in the thorax occurred to a sailor in 1843. The end of an iron rod attached to a mast for hoisting sail in a vessel, in its fall struck this patient, fracturing his lower jaw and the clavicle of the left side, entered and then transfixed the thorax. The pericardium of the heart was wounded, (Mr. Owen observing he could see the heart pulsate), the rod coming out just below the left scapula, stuck into the deck of the ship. The chest of this man, there is reason to believe, was thus compressed down to about four inches. He not only recovered but is still in good health following his vocation at sea. The left lung was no doubt transfixed in this case. The end of the mast is placed in this museum.

These instances remind us of the somewhat similar cases which occurred in our Mexican war. I allude especially to

the wounds of Gen. Shields and a private in one of the Kentucky regiments.

This General had a ball to traverse the chest at Cerro Gordo. He thinks it was a grape-shot, but it may have been from an escopet. It entered within the right nipple and came out to the right of the spinal column, having no doubt passed between the lungs, in the spaces known as the anterior and posterior mediastina. He gave the word of command after being shot, spat no blood, and though he did not fall, soon laid down in indescribable agony. He heard predictions of the few moments he had to live; but, in spite of all, has fully recovered to represent his constituents as Senator in Congress.

A private, name Cahill, in the 2d Regiment of Infantry from Kentucky, was dreadfully wounded at Buena Vista. A grape-shot, weighing over 4 ounces passed through the upper lobe of his left lung, cutting partially the 2d and 3d ribs, and fracturing the 5th, an inch from the spine, near which it lodged. Dr. Blanton, his surgeon, saw, entirely through this opening, a portion of a denuded rib. The patient so far recovered as to regain his former weight, but died about eighteen months after being wounded, when the ball with a large military button was removed from the region mentioned.

The bust of *John Hunter* recalled instantly the classic face of my great master, and his greatest of pupils, *Philip Sing Physick*. Mr. Owen said this resemblance is noticed by most Americans.

Prof. *Owen* is about 55 or 60 years old, and has a peculiar whimsical expression; a countenance never to be forgotten, with a wide expansive forehead, indicative of deep thought and profound study. But the wonderful modesty, the child-like simplicity, even amidst his gigantic works, mark the philosopher and great man. In him I have seen the greatest mind of Great Britain, and next to Humbolt and Arago, of the world. He has promised me a visit before I leave London, and says a barrel of gar-fish put up in spirits would be a very acceptable present from America. This I take to be very nearly as cheap as Diogones' request for his friend

to stand out of his sunshine, when asked what he could do for him.

The Hospitals of London.—These charitable institutions are chiefly founded upon subscription. They are managed most creditably to all parties concerned. I consider the new one, called the St. Mary, the *model* hospital, and the chief surgeon, Mr. *Wm. Coulson*, one of the most gentlemanly persons ever met with in our profession. In St. Bartholomew, Dr. *James Paget* is the present curator of its excellent museum, for each hospital is a medical school within itself. He is considered one of the best anatomists in this city, and is a most promising young surgeon. I met here too, old Mr. Lawrence, the veteran surgeon of London, whose acquaintance I made 22 years ago. I am happy to state that *he has retracted all his infidel sentiments*—to the honor of the profession be it said, and that like our own Henry Clay, bending under the weight of years of labor and usefulness, he is calmly waiting the approach of death. He does not operate, except in particular cases; but still may be consulted, and visits the hospital regularly.

In the museum, which is quite extensive, are busts of *Percival Pott*, England's first great surgeon, the eccentric *John Abernethy*, *Henry Earle*, and good old *William Harvey*. I saw Dr. Paget operate for hare-lip, using long steel needles, and then Mr. *Stanley* cut for stone in a boy 4 years old. The calculus was very small. The bistoury alone was employed in performing the lateral operation. Mr. *Skey* was also present. The only peculiarity I noticed was emptying the rectum by a tube before operating. All these surgeons were exceedingly kind, and Mr. Stanley especially complimentary to our country. I was politely added to their consultations in two or three cases. One was the decision in reference to amputation, in the case of an omnibus driver, (a hard drinker,) who three weeks previous had sustained a compound, comminuted fracture of the lower portion of the humerus. Delirium tremens had now supervened and his condition was imminently perilous. Mr. Lawrence was for amputation of the arm a week ago; Mr. Paget decidedly opposed, and Mr.

Stanley inclined to it. Upon the whole, it was thought best to defer it for the present. The man will die no doubt. I find in this hospital, Liston's method of amputation generally followed, viz: the double flap anteriorly and posteriorly.

Mr. Skey voluntarily told us he had cut for stone within four months and that none could be found.

Guy's hospital was founded by the munificence of one man —a Mr. *Guy*, merchant of London, and at one time a member of parliament. This was the field of Sir Astley Cooper's labor, where for years he worked most assiduously, and the museum which is next to the Hunterian collection, presents numerous splendid specimens prepared by his own hands. His remains are here deposited with those of Mr. Guy, in the chapel of the hospital. A monument has been erected to his memory in St. Paul's cathedral, by his pupils and friends. In this museum I was particularly struck with a wax model of the dissection of the head, neck and arm, by Mr. *Hilton*. It was on exhibition in the crystal palace last year. It is here that wax preparations, of a most beautiful and truthful description, greatly abound. Mr. *Bransby Cooper*, nephew of Sir Astley, is the chief surgeon to Guy's hospital, and Drs. *Babington* and *Barlow* its physicians. It and King's College hospital are undergoing extensive improvements. That our Nashville friends may understand how the funds are raised for these alterations, I mention the fact that one gentleman gave $2500 and *seven* others have followed his example. (The last of the London Coopers, Bransby, is dead.)

Breweries of London—Carbonic acid gas.—I accepted an invitation to inspect Barclay, Perkins & Co.'s brewery of Porter, Ale, &c. It was established ninety years ago. The capital invested is $35,000,000. It covers 13 acres, near London bridge, employs 400 men and 160 horses; and has an engine of 40 horse power. 2000 barrels of fermented drink are turned out per day. The Thames water is preferred—an artesian well of 300 feet deep gives an abundant supply, but it is too *hard* for use. But the professional point is the great quantity of *carbonic acid gas* generated in the manufactory of these compounded, and I may add *confounding* drinks. As soon

as I entered the premises, my eyes began to smart, and I came home to suffer the whole afternoon and evening from the irritation produced in them. The phenomenon which attracted the attention of Dr. Black fifty years ago, is here manifested on a large scale. The gas, after filling the immense vats, pours over their edges upon the floors and descending into the lower parts of the building, has extinguished life in several instances. This mysterious agent is of course invisible, and insensible too, as you stand up higher than the vats: but bring your nose to the edge, and you are made to recoil by the pungency of the odour. Dip your hat into the vat, bring it out on a level, and it apparently contains nothing but atmospheric air; but turn it then over your face, and you are instantly made sensible that it contained another æriform fluid, which will also extinguish all flames. How soon the mystery of these phenomena would cease, were this gas only colored!

A visit to the British museum convinced me that it was worthy of this great nation. It is peculiarly rich in its Egyptian collection, and in mineralogy and zoology. The Library I did not see, but know it to be most extensive. When editor of the Southern Med. and Surg. Jounal, application was made more than once for its volumes for this museum. You may calculate upon a similar call before long for the Nashville Med. and Surg. Journal

Prof. Owen has called and presented me his work on the Megatherium—also sends by me a copy of the same to Prof. Means of Georgia.

We visited, too, the splendid collection of living animals in Regent's park, and saw there the greatest variety of serpents in the world. The most hideous of these is the cobra di capello or hood-snake from the East Indies. One of these, soon after we left, being excited by the teasing of a drunken keeper bit him on the nose, and notwithstanding his condition he was a dead man in about two hours afterwards. The patient was conveyed to one of the London hospitals, where I confess little or nothing was done for him, but the fact is nevertheless important—exhibiting as it does the instance of one

intoxicated, yet dying so soon from the poison of a serpent. The American remedy, alcohol, is no doubt excellent, as the virus is a depressing agent to the animal economy, but I would no more venture upon the test of inebriation to prevent absorption under a bite, than the French one recently proposed for syphilis.

I am to leave London with much regret—having been greatly gratified by this visit, and truly fortunate in having met with so many of its distinguished surgeons within so short a period, and at this season of the year.

One subject has pained me, to see so many Frenchmen, some of our own profession, living in comparative destitution in this city, *exiled* from their own country, by one of the most despotic governments that ever cursed la belle France. Dr. *Deville*, who I met several times, is certainly one of the most learned of his age in medical science, was chained to a common criminal, lived on beans, was banished to Cayenne, when the Faculty of Paris interceded for him. He is a true republican, but alas! what does that avail him in monarchical Europe.

I have now but to re-visit Edinburgh and Dublin before bidding adieu to old Europe, and this may be my last transatlantic letter. A few reflections may not be amiss.

The comparative estimate of life in the old and new world.—This strikes every American. It is said that not an accident occurred at the exhibition in the Crystal Palace last year in London. How perfect must have been the arrangements which permitted the commingling of nearly 100,000 strangers a day, in a very limited space for months, without one serious result to human life. But everywhere, in France, Germany and Great Britain, every precaution seems to be exercised. It is not simply, *look out for the engine when the whistle blows*, but you shan't go in the way of it; for bars are put up on the railroads as the trains pass. And then, every death, every accident is most thoroughly investigated; the coroner, as he always should be, is an educated medical man, and the guilty are promptly punished. In no country is traveling so well regulated as in France. While property is well secured

by the laws of the United States, life itself, it must be acknowledged, is there too often sacrificed most recklessly.—It is high time some means should be adopted to check the impatient career of Young America. The strong arm of the law, imposed by enlightened public opinion, should be made to bear upon this subject throughout our country, but especially in the great West.

The intercourse between the old and new world.—This is still rapidly increasing, particularly by American travelers. In the report for the month of June in Paris, this year, of 6050 strangers, there were 512 from the new world. The literary intercourse, barring the *thieving* between the two, is yet not much. A genuine Yankee said to me the other day, there was but little difference between the parties. Both deny the copyright to authors, the old produces most, but the little original written in the new world is re-published, most unscrupulously, without any acknowledgment of the source.—I could not find the Transactions of the American Medical Association on the Continent,—heard of but two copies in London, and I believe there are but few others in Great Britain. Postage is still most extravagantly high throughout Europe, with the single exception of letters in this government. It is said a single pamphlet (introductory lecture, for instance,) will cost as much as a barrel of pork sent to England. Under these circumstances our medical journals are seldom, if ever, seen. The Lancet is about the only periodical of the profession in Great Britain, as the Times is *the* only newspaper. Not only are the *provincial* medical journals published in London, but even one for *Dublin*, and that is a weekly issue. Liverpool has yet no daily paper for its 450,000 inhabitants, while Nashville issues six for 20,000.

Increase of liberal sentiments in Europe, particularly in England.—This is gratifying to every American. During this, my fourth visit to the old world, this subject has been quite apparent. I heard one of the contributors of the London Lancet maintain the opinion, that it was of no importance where the candidate for the honors of the profession obtained his medical knowledge, so he possessed it. No special hos-

pital, no favorite professor, no fashionable school conferred it, said he, but every man should be tried by his own merits. This, you will admit, as I did, is good republican doctrine, as it is common sense. On every side we behold these sentiments becoming more prevalent. Checked they may be at present in France, and on the Continent, but the world is improving, growing wiser, and man's inhumanity to man, will, we hope, soon be exercised no more.

EDINBURGH, Aug. 7, 1852.

Visit to Professor Simpson, the Introducer of Chloroform.

I have had the enviable privilege of not only making his acquaintance, but have seen him *operate after administering chloroform*. Having visited the Edinburgh University, then Herriot's, Dawson's and Donalson's magnificent hospitals, each of these founded by the munificence of individuals bearing these respective names, I next sallied forth to call upon Professors Miller and Simpson. The first mentioned was out of town, but the latter I found in the midst of his patients. He promptly acknowledged my feeble contributions to the early introduction of his special anæsthetic agent in our country, and invited me into his private operating room, to reach which we had to pass through *two stories of women*, in attendance upon the consultation of the Doctor. There were three other professional gentlemen with him; one, Prof. Retsius of Stockholm, Sweden. He is the professor of obstetrics, and is brother to the distinguished professor of Anatomy. He, too, had come to visit the great Scotchman, who has the honor of having given to the world the best of all anæsthetic agents.

Amenorrhœa—one certain emmenagogue.

Prof. S. has just operated upon a case, that of cupping directly the uterus for amenorrhœa. The fluid extracted was subjected to the microscope and exhibted *blood* corpucles as well as those of epithetial cells in the mucus. This method to bring on menstruation is resorted to when other means have failed, and is only adapted to a certain number of cases. A stem pessary he also frequently employs, composed for this particular purpose of two metals, say zinc and copper or sil-

ver, so as to excite galvanic action. These instruments are generally made of German silver, are of oval shape, of about one and a half by two and a half inches in size, and from their center projects at a right angle a stem of two inches in length. To introduce this pessary the stem is placed flat upon the body of the instrument, passed into the womb and then by a spring maintains its position in this organ, while the whole is retained in the upper portion of the vagina. I saw one removed that had been worn ten months without inconvenience, but on the contrary, with advantage. No difficulty is experienced in wearing them. Should the ordinary treatment for amenorrhœa fail, and galvanism produce no effect when applied as described, then, as the dernier resort, a long catheter is introduced into the womb and a suction pump adapted to its external extremity. This is the direct cupping of the uterus and is surely one certain emmenagogue. Of course if the ovaries are at fault nothing can re-establish menstruation; hence I have stated this heroic measure, the immediate action upon the womb itself must be applicable to only a limited number of cases. The sudden congestion of this organ by this means must often result in the irruption of the menses, and may be added to our means to affect this end.

Retro-version and retro-flexion of the uterus.

For these, Dr. Simpson relies on his stem-pessary. In a case just arrived from Aberdeen, the patient was placed deeply under the influence of chloroform, the misplacement clearly ascertained, and as the os tincæ would not admit the stem, it was freely incised in opposite directions. The patient was to return in a few days to have a pessary adapted to her case. I was much suprised at these bold operations upon the womb, and they go far to establish the position of Jobert, of Paris, that the os tincæ is insensible. The instrument of Prof. S. for stricture of these parts resembles the lithotome cachè, the handle being much longer.

False Conception—Is readily detected by the relaxation produced in the abdominal muscles from the effects of chloroform.

Prof. Simpson's mode of administering Chloroform.

He poured on a towel about half an ounce of this fluid, and applied it closely to the nose and mouth of the patient. It was there retained, say about two or four minutes, until the patient had passed into stertorous breathing. Indeed it seemed to be recklessly administered, so obviously was confidence placed in its harmlessness.

Every thing that I saw of Prof. S. during this brief visit impressed me with the sound philosophy and great worth of the man. He is in my estimation justly entitled to all the honors bestowed upon him by his professional brethren throughout the world, and has conferred an inestimable boon on suffering humanity. To him, and to him alone, belongs all the praise of introducing the best anæsthetic yet known in the practice of the healing art.

Prof. Simpson is about fifty years old, is a short, stout built man, with broad shoulders, short neck and large head, covered with a profusion of dark colored hair, which he wears quite long. It was four, P.M., when I called upon him, and found his house then thronged with female patients, not less than sixty, I should think.

I find Prof. Channing, of Boston, also visited Edinburgh about this time, and sets down the number of patients he saw at Prof. Simpson's at ninety.

Surgery in Liverpool.

In the great commercial town of Liverpool, trade, instead of science, reigns supreme. As its half a million people do without a daily paper, we have no reason to expect medical journals and medical societies to flourish there. There are, however, occasional publications and reports issued from the press in that place, worthy the distinction attained by some of its professional gentlemen. One of these it was my good fortune to become acquainted with and spend an hour or two; this was J. Nottingham, Esq., author of a surgical report on Bi-lateral Lithotomy.

He kindly exhibited to me a case of Ectroversion of the bladder in an adult man from Germany, whose comfort he had

greatly promoted by adopting a gutta percha cup for the opening over the pubis, having a tube leading down the inner surface of the thigh and leg, and just above the ankle a reservoir for the urine, to which a stop cock was attached. Every six to eight hours he would step aside and let off the accumulated water.

On the subject of Lithotomy, he said he reported the case to the Lancet, which I had noticed in my communication last year to the Medical Society of Georgia, of 25 cases operated on for stone in the bladder. At the consultation there were seventeen surgeons, and the operation was decided upon by a majority of one—the patient, too, was anxious for it. Lithotomy was performed, but no calculus found; yet the patient was entirely relieved of all his unpleasant symptoms by it.

Another curious case he mentions, which had recently occurred in Liverpool. Lithotomy was performed; and the operator, introducing his finger into the bladder, exclaimed, (in reference to stone,) "There are lots of them!" He nevertheless removed only one, and could find, to his surprise, no more. The patient recovering, still complained of his previous symptom, when the sound, detecting another calculus, the wound was re-opened, and another stone removed. But the patient was still not cured, and within a few months was again cut, and a third stone extracted. The true explanation of this circumstance may be this: The three calculi were felt by the surgeon (I believe it was his first operation of the kind) before coagala of blood filling the bladder obscured their subsequent detection with the forceps and scoop.